

Work Order ID 86201

86201

Page 1

June-22-12 2:56:02 PM

Item ID: D2182B

Accept

N900040100

Setup Start *NS1*

Revision ID:

Item Name: Rubber Cushion

Stop *NS2*

Start Date: 22/06/2012 Start Qty: 30.00

30

Cust Item ID:

Required Date: 06/07/2012 Req'd Qty: 30.00

30

Customer:

Reference:

Approvals: Process Plan: MLJ

Date: 12/06/22 Tooling:

Date:

Run Start *NR1*

QC:

Date:

SPC (Y/N):

Date:

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr

Revision Nbr

D2182

Rev C

100

0.00

100

PURCHASING

Purchasing

Memo

0.00

Purchasing

Issue P/O: 17212 Extrude per Dwg D2182B
Possible Supplier: Avid Product
P/N: 10173

CL 12/06/25 350

110

Receive & Inspect for Damage & Mat'l Certs

0.00

110

Packaging

Memo

0.00

Packaging

CL 12/06/29 350

120

QC6- Inspect dimensions to drawing

0.00

120

QC

Memo

0.00

Quality Control

807/06/29

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

***Work Order ID 86201**

86201

Page 2

June-22-12 2:56:02 PM

Item ID: D2182B

Accept

N9000040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Rubber Cushion

Start Date: 22/06/2012 Start Qty: 30.00

30

Cust Item ID:

Required Date: 06/07/2012 Req'd Qty: 30.00

30

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start ***NR1***

QC:

Date:

SPC (Y/N):

Date:

Stop ***NR2***

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

130

Identify as per dwg & Stock Location: 410

0.00

130

Packaging

Memo

0.00

Packaging

140

QC21- Final Inspection - Work Order Release

0.00

140

QC

Memo

0.00

Quality Control

12/7/10 3
(300)

12/7/10

ME
12-07-03

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Picklist Print

June-22-12 2:56:06 PM

Page 1

Work Order ID: 86201

86201

Parent Item: D2182B

D2182B

Parent Item Name: Rubber Cushion

Start Date: 22/06/2012

Required Date: 06/07/2012

Start Qty: 30.00

Required Qty: 30.00

Comments: IPP: B98.09.21Re-doneKS

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
10173		Purchased	No			110	Each	0.0000	1	30			

10173

NEOPRENE CUSHION

**

6/24/29 (350)

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

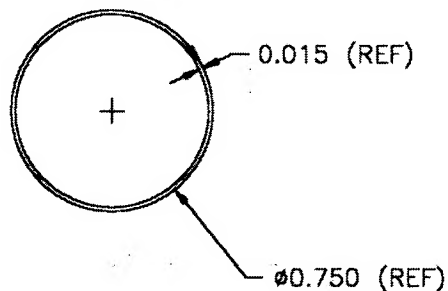
Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

RELEASED
97/05/16 DS

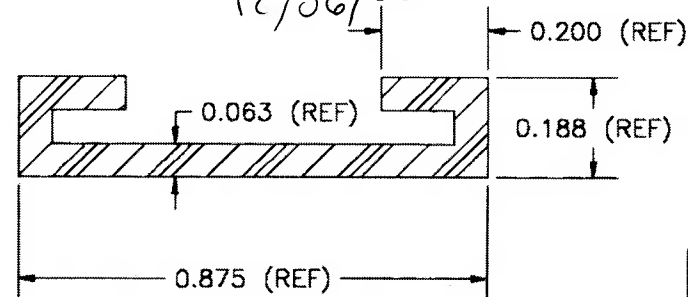
SHOP COPY
RETURN TO
ENGINEERING
UNCONTROLLED COPY
SUBJECT TO AMENDMENT
WITHOUT NOTICE
WORK ORDER
NO. 86201 MCT
12/06/22



D2182-050, HEAT SHRINK
LENGTH

EG: 3.5 LONG: D2182-035
10 LONG: D2182-100

MATERIAL: RAYCHEM RNF-100-3/4-CL
HEAT SHRINKABLE INSULATION SLEEVING



W-WHITE
B-BLACK
D2182W050, RUBBER CUSHION
LENGTH

EG: WHITE 3.5 LONG: D2182W035
BLACK 10 LONG: D2182B100

MATERIAL: SANTOPRENE 101-73
CONFORMS TO MIL-R-3065

DART



PREPARED <i>KE</i>		DART AERO ACCESSORIES INC VICTORIA INTERNATIONAL AIRPORT, CANADA	
CHECKED <i>MM</i>	APPROVED <i>BD</i>	D2182	REV. C SHEET 1 OF 1 SCALE
DATE Jan. 6, 1995		TITLE RUBBER CUSHION	
B	97:04:07	ADD MATERIAL SPECIFICATION	
C	97:05:14	ADD HEAT SHRINK	

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID PO17292

Purchase Order Date 6/25/12

PO Print Date 6/25/12

Page Number 1 of 1

Order From :

AVID PRODUCTS
P.O. BOX 53555 D
PHOENIX, AZ 85072-3555
US

VU-AVI001

Contact Name

Vendor Phone

602 438 1221

Vendor Fax

602 437 2270

Vendor Account Nbr

Buyer

Chantal Lavoie

Requisition Nbr

Tax Resale Nbr

10127-2607

Terms

Net 30

Currency

USD

FOB

Destination-Collect

Ship To :

DART AEROSPACE LTD

1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

FAXED
6/26/12

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	10173	NEOPRENE CUSHION	7/06/12 Yes	350.00 Each	FedEx PI collect	\$1.1488	\$402.08

Special Inst: AS PER DWG D2182B REV. C
B86201
AVID P/N: 10173

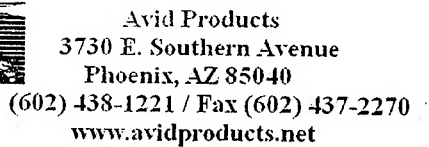
PO Total: \$402.08

CERTIFICATE OF CONFORMITY
REQ'D UPON DELIVERY

Change Nbr: 1

Change Date: 6/25/12

No substitution or deviation without
consent.
Certificate of Conformity or Material
Certification required **YES** NO



Customer No 007422
Sales Order Shipper

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY ON K6A 1K7
Canada

Ship Date	Customer PO	# of Boxes	Weight	Ship VIA	Bill of Lading	FOB
06/27/2012	PO17292	0	0.0000	SEE CUST NOTES		COLL
Item	Fac / Part / Rev / Description / Details			Order Quantity	Ship Quantity	
000001	Default Sales Order 138325-00 SO Item 001 6004 Rev 2 U/M FT 6004 SANTOPRENE Customer Part Number: 10173			350.0000	350.0000	



Avid Products

CERTIFICATE OF COMPLIANCE

This is to certify that the item(s) listed below, shipped on 6/27/2012 Purchase order **17292** were manufactured and inspected in accordance with applicable drawings and/or specifications, unless noted herein 15K1206272

Physical and/or chemical test reports of materials used are on file, subject to examination and substantiate conformance with applicable specification requirements.

QUANTITY SHIPPED

350

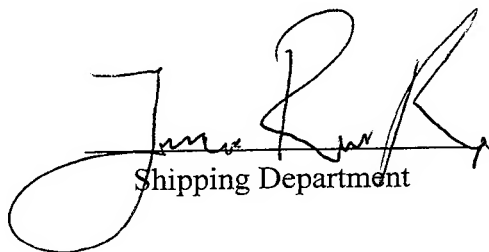
PART NUMBER

6004

DESCRIPTION/SPECIFICATION

6004 SANTOPRENE

Silva/27


Shipping Department

06/27/12

Date

3730 East Southern Avenue Phoenix, Arizona 85040

Phone 602-438-1221 Fax 602-437-2270

www.2mfg.com/avid